



WEDDING FORM

NAME: _____ DATE OF WEDDING: _____

PHONE: _____

EMAIL: _____ TIME OF WEDDING: _____

____ BRIDE ____ MOTHER ____ DIRECTOR DATE OF REHEARSAL: _____

MUSICAL SELECTIONS

PRELUDE: (OPTIONAL - SELECT UP TO TWO SPECIAL REQUESTS)

TIME OF REHEARSAL: _____

VENUE NAME & ADDRESS

PARENTS/GRANDPARENTS:

OUTDOOR? YES/NO (CIRCLE ONE)

COLLABORATION REQUIRED WITH OTHER

BRIDESMAIDS/GROOMSMEN:

MUSICIANS/VOCALISTS? YES/NO

(IF YES, PLEASE LIST CONTACT INFO IN NOTES)

BRIDAL PROCESSIONAL:

NUMBER IN WEDDING PARTY:

____ MOTHER(S)

____ GRANDMOTHER(S)

____ BRIDESMAID(S)

____ FLOWER GIRL(S)

____ RING BEARER(S)

UNITY CEREMONY:

IF THERE ARE ANY OTHERS THAT WILL BE ESCORTED IN SEPARATELY FROM THE WEDDING PARTY, PLEASE LIST THEM AS WELL

RECESSIONAL:

NOTES: